

2008**Nonresident Reduced Withholding Request****589****Part I Vendor/Payee**

Name of Vendor/Payee (include DBA if entertainer)			<input type="checkbox"/> SSN or ITIN
Address (including suite, room, PO Box, or PMB no.)			<input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no.
City	State	ZIP Code	Vendor/Payee fax number ()

Part II Withholding Agent

Name of Withholding Agent		Withholding Agent fax number ()	<input type="checkbox"/> SSN or ITIN
Venue		<input type="checkbox"/> FEIN <input type="checkbox"/> CA Corp no.	
Address (including suite, room, PO Box, or PMB no.)		Withholding Agent fax number ()	
City	State	ZIP Code	Daytime telephone number ()

Part III Tax Withheld

Check one type only. ●

A ☐ Payment to Independent Contractor (I/C)**B** ☐ Payment to I/C Entertainers/Athletes/Speakers**C** ☐ Trust Distributions● Date(s) of Service MM/DD/YYYY - MM/DD/YYYY**D** ☐ Rents or Royalties**E** ☐ Distributions to Domestic Nonresident
S Corporation Shareholders/Partners/
Members/Beneficiaries**F** ☐ Estate Distributions**G** ☐ Other _____**Part IV Withholding Amount**

1	Gross California Source Payment	● 1
Expenses:		
2	Advertising	2
3	Commissions and fees	3
4	Cost of labor (contract labor)	4
5	Insurance	5
6	Legal, professional, and/or management fees	6
7	Rent or lease	7
8	Supplies	8
9	Travel, meals, and entertainment	9
Other Expenses (specify)		
10		10
11		11
12	Total amount of expenses. Add line 2 through 11 and enter the amount here.	● 12
13	Net California Source Payment. Subtract line 12 from line 1 and enter the amount here.	13
14	Withholding Amount. Multiply the amount on line 13 by seven percent (.07) and enter the amount on line 13. This is the proposed reduced withholding amount. This amount must be verified and approved by the Franchise Tax Board prior to the requestor receiving payment for services	14

Submit requests to: WITHHOLDING SERVICES AND COMPLIANCE, FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0651
Or, FAX the request to the FTB at (916) 845-9512.

Part V Vendor's/Payee's Signature

Under penalties of perjury, I hereby certify that the information provided is, to the best of my knowledge, true and correct. I understand that the Franchise Tax Board may review all relevant documentation upon request in order to verify the payment amount and expenses above. This form is a request for a reduced withholding amount and does not guarantee the requestor the reduced withholding amount unless approved by the Franchise Tax Board in writing. If this request is approved and I subsequently receive a gross California source payment exceeding the amount on line 1, I understand that the withholding agent will withhold seven percent of the additional gross California source payment amount in excess of the amount on line 1.

Vendor's/Payee's Name _____ Phone Number: () _____

Vendor's/Payee's Signature _____ Date: _____

Preparer's Name _____ Phone Number: () _____

Preparer's Signature _____ Date: _____ Preparer's SSN/PTIN _____